FORM HCFA-179 (07-92)

HEALTHCARE FINANCING ADMINISTRATION	TO AN OMITTAL MUMPED.	LA CTATE:				
	1. TRANSMITTAL NUMBER:	2. STATE:				
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 2 - 0 5	District of Columbia Washington, D.C.				
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE X					
FOR: HEALTH CARE FINANCING ADMNISTRATION	SECURITY ACT (MEDICAID)	IX OF THE SOCIAL				
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE					
CENTERS FOR MEDICAIRE AND MEDICAID SERVICES DPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2002					
5. TYPES OF PLAN MATERIAL (CHECK ONE):						
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN [X] AMENDMENT						
COMPLET BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)						
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	0.400.00				
The Breast and Cervical Cancer Prevention and Treatment	a. FFY <u>2002</u> \$ <u>9</u> b. FFY <u>2003</u> \$ <u>37</u>	90,138.00 77,813.00				
Act Of 2000 (Fublic Law 100-334)						
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDE ATTACHMENT (If Applicable):	D PLAN SECTION OR				
Attachment 2.2-A Page 23b	N/A					
10. SUBJECT OF AMENDMENT:						
Implementation of Breast and Cervical Treatment Act 20	n2					
implementation of breast and cervical freatment Act 20	02	à				
11. GOVERNOR'S REVIEW (CHECK ONE)						
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEICIFIED:					
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	S official Ad of Cion ICD.					
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL						
12. SIGNATURE OF STATE AGENCY, OFFICIAL:	RETURN TO:					
Methold						
13. TYPED NAME:	Herbert H. Weldon, Jr.					
Herbert H. Weldon, Jr.	Senior Deputy Director for					
·	Medical Assistance Administration					
14. TITLE	Department of Health					
Senior Deputy Director for Medical Assistance Administration	825 North Capitol Street, N.E Suite 5135					
	Washington, D.C. 20002					
15. DATE SUBMITTED:	VVasimigton, 2.0. 20002					
	OFFICE USE ONLY					
September 30, 2002	18. DATE APPROVED: December 2	7 2002				
PLAN APPROVED - ONE COPY ATTACHED						
19. EFFECTIVE DATE OF APPROVAL MATERIAL:	20. SIGNATURE OF REGIONAL OFFICE	AL:				
July 1, 2002	Chay Day					
21. TYPED NAME: Mary T Marsallar	Associate Regional	Admin.				
23. REMARKS						

INSTRUCTIONS ON BACK

State:	District of Co	lumbia	,	Attachment Page	2.2-A 23b	
Cit	ation(s)	Group Covered				
		B. Optional Coverage Other Than the Medically Needy (Continued)				
) (10) (A) 'III) of the Act	<u>X</u> 20. V	Women who:			
		a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;				
		b.	are not otherwise covere defined in section 2701 (Act;		•	
		c.	are not eligible for Medi categorically needy eligib	•	atory	
		d.	have not attained age 65			
19201	1920B of the Act 21. Women who are determined by a "qualified entity" defined in 1920B (b)) based on preliminary inform a woman described in 1902 (aa) of the Act related breast and cervical cancer patients.					
		The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.				